

**BOARD OF REGISTERED NURSING**

P O Box 944210, Sacramento, CA 94244-2100

TDD (916) 322-1700

Telephone (916) 322-3350

www.rn.ca.gov

Ruth Ann Terry, MPH, RN
Executive Officer**PAIN MANAGEMENT POLICY**

The Nursing Practice Act, Section 2725(b)(1), states that the registered nurse provides “direct and indirect patient care services that insure the ...comfort ...of patients.” Proper management of patient’s pain is a nursing function incorporated within the registered nurse’s role as a patient advocate [Standards of Competent Performance, Section 1443.5(6) of the Nursing Practice Act]. The Board of Registered Nursing endorses pain management guidelines established by the World Health Organization, the U. S. Department of Health and Human Services - Agency for Health Care Policy and Research, and the American Pain Society.

The nursing function of appropriated pain management includes, but is not limited to:

- ensuring informed consent for pain management.
- assessing pain and evaluating response to pain management interventions using a standard pain management scale based on patient self-report.
- educating staff, patients, and families regarding the difference between tolerance, physical dependence, and addiction in relation to pain relieving medications, and the low risk of addiction from long-term use and/or high doses of opiates for pain relief.
- educating patients and families in a culturally competent manner regarding appropriate expectations for pain management.
- recognizing that pain medications may be given around-the-clock.
- intervening to treat pain before the pain becomes severe.
- using non-drug interventions to assist in pain alleviation.
- using knowledge of equianalgesic dosages to maintain both patient safety and pain relief as routes and types of ordered drugs change.
- documenting pain assessment, intervention, and evaluation activities in a clear and concise manner.
- intervening to minimize drug side effects.
- implementing quality assurance/improvement standards to monitor the pain management program.

BRN Focuses on Pain Management

Reprinted from The BRN Report - Spring 1997

The winter 1994 edition of The BRN Report informed RNs of the April 1994 adoption of a pain management policy and curriculum guidelines for pain management content for nursing programs. The following points are based on questions received by the BRN relating to either the pain management policy or the curriculum guidelines:

- Informed consent for pain management means the patient understands the options available for pain relief and actively participates in establishing the treatment plan. Use of placebos for management of pain would not fulfill informed consent parameters.
- Using a standard pain management scale based on patient self-report is acceptable. The BRN believes that pain can only be measured by the person experiencing the pain, and it follows that treatment must be based on patient self-report.
- Intervening to treat pain before the pain becomes severe is expected. Appropriate pain management helps the patient avoid periods of excruciating pain as much as possible and establishes a treatment plan for such episodes of acute pain if and when they occur.
- There is a difference between tolerance and physical dependence (normal physiological response to opioids given for relief of pain) and addiction (active drug-seeking behavior for the purpose of an altered level of consciousness).
- Pseudoaddiction is mentioned in the curriculum guidelines. Pseudoaddiction is the appearance of drug-seeking behavior among pain patients who, because of inadequate pain management treatment, end up acting like “addicts” by exhibiting drug-seeking behavior. These patients actually are being forced into such behavior due to denial of care or inadequate management of their pain problem.

PAIN MANAGEMENT RESOURCES

American Society of Pain Management Nurses
7794 Grow Drive
Pensacola, Florida 32514
(850) 473-0233 or (888) 34A-SPMN [(888) 342-7766]